



LOS ANGELES COUNTY COMMISSION ON HIV

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EXECUTIVE COMMITTEE MEETING MINUTES

November 28, 2016

Approved
01/23/2017

EXECUTIVE COMMITTEE MEMBERS PRESENT	EXECUTIVE COMMITTEE MEMBERS ABSENT	PUBLIC	COMMISSION STAFF
Bradley Land, <i>Co-Chair</i>	Joseph Cadden, MD	Jason Brown	Cheryl Barrit, MPIA
Ricky Rosales, <i>Co-Chair</i>	Juan Rivera	Bridget Gordon	Dawn McClendon
Al Ballesteros	Kevin Stalter	Katja Nelson	Carolyn Echols-Watson, MS
Kevin Donnelly		Thomas Puckett	Dina N. Jauregui
Michelle Enfield		Yolanda Sumpter	Doris Reed
Grissel Granados, MSW			
Aaron Fox, MPM			
Anthony Mills, MD			DHSP/PARLIAMENTARIAN
Terrell Winder			James Stewart
Will Watts, Esq.			
Mario Pérez, MPH			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** EXECUTIVE Committee Meeting Agenda, 11/28/2016
- 2) **Minutes:** EXECUTIVE Committee Meeting Minutes, 10/24/2016, 09/26/2016, 04/27/2015, 02/23/2015, 01/12/2015
- 3) **Budget:** Los Angeles Commission on HIV PY 26 Operational Budget (March 2016 – February 2017)

1. **CALL TO ORDER:** Co-Chair Bradley Land called the Executive Committee meeting to order at 1:00 p.m. at the Los Angeles County Commission on HIV Office (COH). Attendees introduced themselves.
2. **APPROVAL OF AGENDA:**
MOTION # 1: Approve the Agenda Order (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
MOTION # 2: Minutes for 10/24/2016, 09/26/2016, 04/27/2015, 02/23/2015 and 01/12/2015 (***Passed by Consensus***).
Mr. Stewart reminded members that if they find a mistake to the minutes, they can submit their request later.
4. **PUBLIC COMMENT (*Non-Agendized or Follow-Up*):** No comments were provided.
5. **COMMITTEE COMMENT (*Non-Agendized or Follow-Up*):** No comments were provided.
6. **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**
 - Mr. Pérez explained that he has missed some of the Executive Committee meetings due to a conflict with the Department of Public Health Workgroup meeting. He will see how it plays out in 2017, but his intention is to be present at the Executive Committee meetings as much as possible.
 - Mr. Pérez indicated that DHSP has begun an inventory of possible threats posed to their funding portfolio due to the change in administration. They are paying close attention to the different cabinet positions. DHSP has been sharing a lot of information with COH to help the Commission make informed decisions. Some information has been given on the Comprehensive HIV Plan, the LACHNA update, the latest data and analysis on the needs of the transgender community, his presentation on the HIV strategy, and Housing for Health information received from Ms. Libby.
 - DHSP has also put on the table an expectation on STD planning from the Commission. The Commission should be familiar with STD data in the County.

- DHSP is also in a Medical Care Coordination (MCC) expansion mode. Mr. Pérez reminded members that the MCC expansion in the County has been possible because of the changes brought upon by the Affordable Care Act. If there is a shift in federal resources to California, then that will have an impact in Medicaid enrollment. This could cause the Commission and DHSP to rethink the level of investment in this area.
- Mr. Pérez indicated that he, Mr. Baker and other leaders with an agency in Los Angeles, had the opportunity to be in Washington the week after the election to try to get the early thinking of the many unknowns with regards to access to healthcare and other related issues. The one thing that is clear is that whatever strategic plan that people have for the next three to five years, are basically being thrown out the window. This is something for the Commission to think about when dealing with CHP and its priorities for the upcoming year.
- He reported that he is a board member of The National Minority AIDS Council (NMAC). As part of NMAC's name, they have added the tag line, "leads with race." He announced that NMAC will be hosting the PrEP Summit in San Francisco. This will be an important conversation to hopefully move PrEP access and utilization, not just in urban settings, but in the South as well, where the need is the greatest and PrEP access is the hardest and most difficult to obtain.
- If the COH embarks on a series of steps to address the 28% of members who have felt stigmatized within the Commission, it would be probably be among the most progressive commissions in the county government structure. He believes it would be unprecedented in many ways. He agrees with Mr. Ballesteros in that there are not that many available resources in place to challenge the issue of stigma. His observations was that of all the Commissions, one would expect that the Commission would create a feeling of openness, tolerance and safety. He reminded members that there is merit to seeking what methods will have the greatest impact on goals and objectives. In a resource limited environment, his only challenge to the Commission is to have explore methods that are likely to have the greatest impact and partnerships with the IAB and other organizations.
- Ms. Granados inquired regarding what steps to take for STD Planning to ensure that this Committee is trained and feels competent in being able to take the first plunge to STD planning.
- Ms. Barrit recognized the work that Ms. Granados and Dr. Cadden have done in the Standards and Best Practices Committee in terms of the continuum. The updated continuum has a better understanding of STIs in that framework. She suggested formalizing the STD planning during the PP&A meeting in January. Mr. Land also added that during that meeting, initial recommendations could be made.
- Mr. Pérez inquired whether the Commissioners are expected to receive an STD 101 training in preparation for the January 2017 STD conversations.
- Ms. Barrit replied that they have not formalized all of the specific agenda items. The PP&A Committee will review data from the most recent HIV/STD Surveillance Report. She indicated that Dr. Green has been providing information. She requested that it would be good to obtain the entire comprehensive portfolio.
- Ms. Granados suggested to not only look at data, but also reports that are released and presented at Commission meetings. She encouraged members to think of themselves as not just HIV planners, but also STD planners.
- Mr. Pérez indicated that as a planning body, the committee needs to be honest about their ability on November 2016, to absorb a whole new volume of information and apply the information to community planning efforts. He encouraged members to explore on questions like: What is the public health capacity within this county? Why is it so limited? What does that mean? What is private sector doing regarding STD screening? Is it poor or can it be dramatically increased? DHSP is prepared to having a series of conversations with leaders and communities most impacted by the rise of STDs. Some of these communities are groups serving young women of color and groups serving gay men. He embraced the Commission's thinking and planning for STD and suggested to start now as opposed to 12-18 months. He believes there should be allocations made for STD planning.
- Dr. Mills indicated that the planning body is highly motivated and highly capable of acting quickly and help guide and stir the STD planning. He stated that the frustration occurs with the delay of implementation, when it takes 12-18 months to see an action after the Commission has given their recommendations.
- Mr. Pérez indicated that DHSP has not had an opportunity as a public health division and a COH planning body to share line-by-line all of the elements and the resource deficiencies that exist. Mr. Pérez sees STD planning as HIV planning.
- Mr. Rosales wants to prioritize the STD planning for 2017.

7. EXECUTIVE DIRECTOR'S REPORT:

A. MOTION # 3: PY 26 Commission Operational Budget (*Passed by Consensus*).

- Executive Director Cheryl Barrit went over the Operational Budget for the current program year. She clarified that it is not an expense report. The grant year ends at the end of February 2017. She explained that the development of the COH Operational Budget is a collaborative effort with DHSP and the Executive Office. The Executive Committee formally approves the Operational Budget as part of its responsibility.
- The federal cap on administrative cost is set at 10%, which is shared between DHSP and COH. The COH's Operational Budget is 3% of the 10% administrative cost.
- Mr. Ballesteros asked for an update on the HIV Resource Directory. He indicated that it has been in the budget for two years and it keeps getting rolled over. He inquired as to what happens if the funds are not used for the project.
- Ms. Barrit explained that the Commission has gone through a lengthy process of transferring the information from the previous contractors that DHSP used. The process took a long time because some staff or contractors that initially worked on the contract, left the country, so it took Ms. Barrit a while to acquire the files. The codes are outdated and a new web-based resource directory will need to be developed. The item is now going through a bidding process through the Internal Services Department. They have a roster of vendors that are able to respond to the Request for Proposals.

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- Ms. Barrit agreed that it has been rolled over for several years. She explained that DHSP looks for opportunities for funds to be allocated within their administrative costs to maximize funding.

B. Annual Retreat Evaluation

- Ms. Barrit thanked the Executive Committee members for their help in planning for the 2016 Annual Retreat. She reported on the evaluation of the 2016 Annual Meeting. 41 completed surveys were received. The rankings were very positive. Attendees liked the different speakers. The highest rated speaker was Mr. Pérez.
- The discussion on stigma was also highly rated. They appreciated the ability to have a conversation and also spend time with other Commissioners. Some Commissioners who attended were fairly new and the event was their first time seeing other Commissioners in a less formal setting.
- Ms. Barrit emphasized the importance of Mr. Tim Vincent's presentation on stigma. She encouraged members to engage in a continuing conversation about their own internal biases. Mr. Vincent conducted a poll voting at the Annual Retreat. He asked how many had ever felt stigmatized as members of the Commission. 28% responded "all the time," 40% responded "occasionally." She requested support from members to create an opportunity for safe space within the Commission. She informed members that an honest conversation amongst them in terms of internal biases will require the ability to be a little bit vulnerable in front of each other. She indicated that in terms of relationship building, there is still more work to be done.
- Dr. Mills reported that he enjoyed the presentation on stigma at the Annual Commission meeting. It was a great introduction for the Commission. It made everyone aware of the existence of stigma. He believes if it could be taken to the second level for an action. He suggested bringing the topic at the Commission meeting.
- Ms. Granados indicated that the Comprehensive HIV Plan contains an activity on the development of a stigma reduction plan.
- Mr. Ballesteros indicated that stigma is a big issue. He pointed to two issues: (1) what needs to be done within the Commission regarding stigma; (2) what needs to be done in the community in terms of a reduction plan for stigma. He asked what resources are available for stigma reduction and how is it being financed.
- Mr. Land indicated that Ms. Barrit has helped identified a government organization, *Government Alliance for Race and Equity*, that deals with this issue. The Commission will try to collaborate with the organization to see how it can help the Commission. It has the benefit of helping the Commission build a stigma reduction plan and learn from each other. This will be an ongoing process. Methods need to be developed to embed this into trainings. Some of it needs to start with leadership. It is always a challenge when leaders need to call it out when they see it happening amongst members. He emphasized the importance of addressing dignity and respect at every opportunity.
- Mr. Rosales indicated that the Co-Chairs and Ms. Barrit are very committed to moving forward with a stigma reduction plan. He stated that the first step is assessing one individually. Then, moving with the resources that the Commission has already identified.
- ➡ Mr. Land suggested placing the topic of stigma with some training elements on the Executive Committee agendas. It could be placed under the Co-Chairs' Report. Then, it could move to the Committee trainings. Co-Chairs can have the opportunity to report and educate on stigma.
- Ms. Barrit wants to integrate the educational aspect as part of COH's 2017 calendar. Ms. Barrit suggested taking the idea presented by Dr. Mills, where conversations on stigma can take place at Commission meetings, maybe not at every Commission meeting, but with regularity.

C. December's Executive Committee Meeting

- Ms. Barrit informed members that the next Executive Committee meeting falls on December 26, 2016, which happens to be a County Holiday. She notified them that the office will be closed. She provided the option of canceling the December meeting or if the Committee would like to schedule one within the next two or three weeks to make up for the December 26th meeting.
- ➡ The Executive Committee members agreed to cancel the December 2016 meeting.

8. CO-CHAIR'S REPORT:

- Mr. Land informed members that Committee Co-Chairs are all asked to open nominations for elections in January. Committee Co-Chair nominations can be submitted to Ms. Barrit.
- Mr. Stewart explained the nomination process as follows:
 - Nominations should be opened at the next meeting.
 - They close on the meeting after that, and then there are elections at the January meeting. Some may get pushed to February.
 - The process has to be an open nomination process. One can nominate anybody who is a Committee member and self-nominations are permitted. If a member nominates someone else, they need to make sure that the person being nominated wants the job before they make the nomination.
 - The election process is a roll-call vote, which is required by the Brown Act.
 - New Co-Chairs take office at the end of the meeting if there are any changes.
 - He welcomed members to approach him with any questions.
 - Mr. Donelly inquired if there will be elections for the Executive-at-Large seats.
 - Committee Co-Chairs are elected first, then the open elections for the Executive-at-Large seats will begin.
 - Mr. Rosales reminded members that they have to be a member of that committee to nominate a person.

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- Mr. Land reminded members that December 1st is World AIDS Day. This day is significant to many COH members. For some, it means a lot of pain of the lives that they have lived and suffered, and being optimistic of the future. He encouraged members to get involved in the events on December 1st.

9. INTEGRATION ADVISORY BOARD (IAB) REPORT:

- Mr. Ballesteros reported that his first meeting as a Co-Chair was held last month. He expressed gratitude to Mr. Fox for his service as a Co-Chair. He will meet with Mr. Pérez and Ms. Gordon to discuss the IAB.

10. HOUSING AND HOMELESSNESS TASK FORCE:

- Ms. Barrit suggested the formation of a Housing Task Force to facilitate a multi-disciplinary conversation around looking at housing from an HIV lens.
- Mr. Rosales reported that the City is putting together a budget on how they will allocate funds for housing.
- Members supported the formation of a task force.
- Mr. Pérez reported that there are currently negotiations with Housing for Health for integrating Ryan White services in their service infrastructure. DHSP is working on the details.
- Mr. Watts informed members that the Board of Supervisors will be making a decision on a housing ballot initiative before March 2017.

11. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee

1. Division of HIV and STD Programs (DHSP) Updates

- Ms. Enfield reported that Dr. Green presented on the contracting and procurement process. Ms. Rumanes provided an update on the LRP program and the program's challenges with re-engaging clients into care.

(a) Contracting and Solicitation Process

- Mr. Pérez described the organizational changes and under-staffing in the contracting unit. DPH centralized all the contracts and grants under a single unit, headed by Patti Gibson, which is technically assigned to DHSP. Some of those staff have been temporarily reassigned. While DHSP wanted an accelerated procurement process, the actual process has been a lot slower.

(b) Health Education/Risk Reduction (HERR) Services and Contracts

- The HERR contracts are set to expire on June 30, 2017. DHSP is currently strategizing and assessing the most action on the HERR contracts and will be making a decision before June 30.

(c) YMSM and Transgender Investment Solicitation

- Currently finishing up the review process.

B. Standards and Best Practices (SBP) Committee

- Ms. Granados reported that the Comprehensive HIV Continuum was approved. The SBP Committee discussed how to streamline MCC data collection so it is more manageable and to make it easier for clients. Clients have expressed the frustration in going through multiple and often similar assessments among agencies funded by DHSP.
- Mr. Pérez found the MCC comment very interesting. The single largest RW program investment that DHSP makes is for MCC. \$12.5 million are invested into MCC. DHSP recognizes that there should be better methods to gather data more efficiently and less redundant. The thoroughness of the MCC assessment is critical to targeting the intervention and the one-on-one sessions with the MCC team in a way that gives clients a chance to thrive. DHSP has seen a 67% increase in retention and a 97% increase in viral suppression among clients in MCC. This data was used to tell the Board of Supervisors to make it available to non-Ryan White supporting clinics. He is surprised to hear that a full time MCC team will find a two-hour assessment burdensome.
- Ms. Granados clarified that the information was not coming from MCC providers. In the SBP Committee, there are not that many MCC providers. The comments were from consumers of services.
- Mr. Ballesteros recommended that more cultivation and training is needed.

C. Operations Committee

(1) Membership Vacancies and Recruitment

- Mr. Winder reported that the Operations Committee continues to work on filling vacant seats.

(2) 2017 Proposed Committee Workplan

- Mr. Winder indicated that 2017 Workplan would focus on the Assessment of Administrative Mechanism (AAM), updating new policies and procedures, and having updated trainings and orientations.

D. Public Policy Committee

(1) 2017 Legislative Agenda Review

- Mr. Fox reported that the Public Policy had its last meeting the day before the election. They had a great conversation about re-examining Ryan White reauthorization principles and looking for new opportunities that might become available. The agenda will be very different at the next Public Policy Committee meeting.
- He indicated that Medicaid expansions and subsidies will likely be affected within the first two weeks of the new administration. The new administration will be removing some parts of the Affordable Care Act. When this happens,

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services are going to collapse. He hopes to try to maintain Ryan White. There is widespread concern about budget cuts on a number of federally funded public health programs.

- He informed members that the Public Policy Committee would monitor closely what changes occur with the new administration.
- Mr. Ballesteros commented that one of the ways of preventing the disease from spreading is by having access to PrEP and access to health care. He said that what will most likely happen is that the State will end up picking more of the cost if funds are cut. He suggested for the Commissions to identify the programs that are very important to the community and seek to protect those programs. The epidemic cannot end without people's access to these programs.

12. CAUCUS REPORTS

A. Consumer Caucus

- No report provided.

B. Transgender Caucus

- Ms. Enfield reported that the Transgender Caucus held a wonderful conference on November 15, 2016. At the next meeting, they will be debriefing.

C. Youth Caucus

- No report provided.

D. Women's Caucus

- Ms. Barrit reported that at the last meeting, there was a presentation from the East Los Angeles Women's Center on Sex and Human Trafficking and how they are integrating education on HIV/STDs. The group discussed how to raise awareness around the sexual health risks faced by victims of human trafficking. The group also learned that the Super Bowl is the largest sex trafficking event in America.

13. NEXT STEPS:

A. Task/Assignment Recap:

- ➡ Ms. Barrit will send out an email on the government website, "*Government Alliance for Race and Equity*."
- ➡ Ms. Barrit will follow-up on the recommendations made by Dr. Mills regarding reaching out to the speakers in Louisiana who spoke on racism. Dr. Mills will provide the contact information to Ms. Barrit.
- ➡ Ms. Barrit will send the draft statement to the Executive Committee for review.
- ➡ Ms. Barrit will work with the PP&A Co-Chairs and DHSP in terms of planning the remainder of the calendar for prevention of STD planning.
- ➡ Ms. Barrit will coordinate with Mr. Fox and Mr. Watts for convening the Housing Taskforce and recruit from other stakeholders who may not be members of the Public Policy Committee to join as well.

14. ANNOUNCEMENTS:

- Mr. Rosales announced the upcoming conference on the Intersection on HIV and Racism. They are at maximum capacity, but encouraged members to try registering because sometimes people cancel.
 - Mr. Rosales will speak to the planning committee of the Intersection on HIV and Racism to determine if it is possible to develop a summary of the event for those unable to attend as Mr. Puckett suggested.
- Ms. Gordon announced that on November 30, 2016, the Co-Chairs will be reporting on stigma to the IAB. She mentioned that it would be wise to press the issue of stigma throughout the whole health agency and Los Angeles County.

15. ADJOURNMENT: The meeting adjourned at 3:11 p.m.